

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	1					
5	0					
6	0					
7	0					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	2					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	0					
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TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND	DEP
	IND	DEP	IND	DEP		
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